

Notice of Dissolution



JAN 15 2003
pm 1-13

FORM

(Rev. 07/02)

DR-3 NOTICE OF DISSOLUTION

For Office Use Only

Comm. # 1398
Indexed 2
Audited _____
Computer _____
Certified Date of Dissolution _____

COMMITTEE NAME

Burken for State Senate	
Official Name of Committee	
3753 220th St.	
Street	
Clinton, IA 52732	
City, State, Zip Code	
(563)	522-2859
Area Code	Telephone

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

Jerome F. Burken Myrna M. Neumann, Treas.
Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)
1-13-03
Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM

This form is not applicable to statutory political committees.

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

BURKEN FOR STATE SENATE

IMPORTANT: Indicate type of committee you are reporting for: ☒

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name

GEROME F BURKEN

Political Party

REPUBLICAN

Office Sought

STATE SENATE

District (if Senate or House)

18

FORM

DR-2

(Rev. 01/2001)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Indexed

Audited

Computer

IA ETHICS & CAMPAIGN
DISCLOSURE BOARD

DEC 29 2003
PM 12:26

FILED

12-26-03
DATE SIGNED

Myrna M Neumann
SIGNATURE OF TREASURER (or person filing this report)

563-242-6604
TELEPHONE

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A JANUARY 19, 2003 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one ☒

☒ CHECK IF AMENDMENT TO REPORT DATED JANUARY 19, 2003.

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

PREVIOUSLY FILED

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 1209.23

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1146.20

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 2655.43

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2655.43

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ -0-

**UNPAID BILLS (From Schedule D - Attach Schedule D)

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**STANDING LOANS (From Schedule F - Attach Schedule F)

\$ 179.91 + 9842.16

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input checked="checked" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

BURKEN FOR STATE SENATE

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
	ID# CK#	From PREVIOUS REPORT ATTACHED		\$ 719	
1-24-03	ID# CK#	LEGISLATIVE MAJORITY FUND REFUND OF ADVERTISING	NONE	487.20	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 1146.20	

* Future law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

AS ORIGINALLY FILED

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Burken for State Senate

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/31/02	ID# CK#	Brian L. Schmidt 1499 235th Ave. Delmar, IA 52037	None	\$ 50.00	<input type="checkbox"/>
10/31/02	ID# CK#	Victor Burken 4298 Highway 136 Clinton, IA 52732	Father	100.00	<input type="checkbox"/>
10/31/02	ID# CK#	James P. Cahill P.O. Box 99 Preston, IA 52069	None	249.00	<input type="checkbox"/>
11/11/02	ID# CK#	Thomas J. Berthel 701 Tama St. Bldg B P.O. Box 609 Marion, IA 52302	None	250.00	<input type="checkbox"/>
11/6/02	ID# CK#	David A. Rose 4426 Bellevue Rd. Clinton, IA 52732	None	70.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

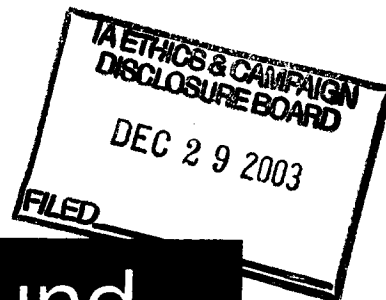
SUB-TOTAL

TOTAL (if last page of this schedule)

\$
\$ 719.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)



Legislative Majority Fund

Memorandum

To: Legislative Candidates

From: Andy Warren, Legislative Majority Fund Director

Date: January 24, 2003

Re: Customized Newspaper Advertising Refunds

Message:

Enclosed you will find a refund check from the Customized Newspaper Advertising Agency. This check is for the amount you over paid. It should be marked as a refund on your Campaign and Disclosure Report Forms with the Iowa Ethics and Campaign Disclosure Board. If you have questions on how to do this please contact them at 515-281-4028.

Please deposit this check as soon as possible.

^{BARKER} CUSTOMIZED NEWSPAPER ADVERTISING

DATE	INVOICE NO	DESCRIPTION	AMOUNT	NET AMOUNT
12/27/02	CK001044		427.20	427.20

02111LJ6 PREPAY REFUND
CHECK: 001044 12/27/02 JEROME F. BARKER

CHK TOTAL: 427.20

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

BURKEN FOR STATE SENATE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID# CK#	AS PREVIOUSLY REPORTED PER ATTACHED		\$2288.20
2/27/03	ID# CK#	CLINTON PRINTING CO PO BOX 64 CLINTON, IA	PRINTING	99.51
1/24/03	ID# CK#	JEROME BURKEN 3753 220 th ST. CLINTON, IOWA	MILEAGE	327.69
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$2655.43

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 1 of 1

(for Schedule B)

AS ORIGINALLY FILED

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Burken for State Senate

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/12/02	ID# CK# 152	Clinton Printing Co. Inc. 1402 Roosevelt St. P.O. Box 64 Clinton, IA 52732	Brochures, envelopes, labels, postcards, mailings, postage	\$ 1,541.55
1/13/03	ID# CK# 153	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement Postage	74.00
1/13/03	ID# CK# 153	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Office supplies	9.58
1/13/03	ID# CK# 153	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Office supplies	13.04
1/13/03	ID# CK# 153	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Fundraiser food	14.25
1/13/03	ID# CK# 153	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Advertisement	40.50
1/13/03	ID# CK# 153	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Envelopes	4.24
1/13/03	ID# CK# 153	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: T-shirts Total check #153: \$316.11	160.50
SUB-TOTAL				\$ 1,857.66
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

AS ORIGINALLY FILED

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

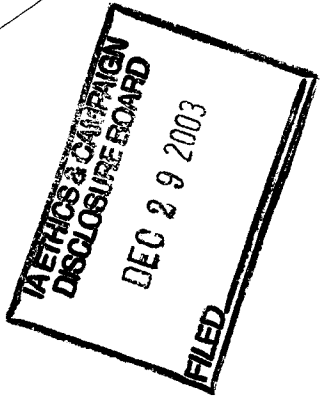
Burken for State Senate

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/13/03	ID# CK# 154	Void		\$
1/13/03	ID# CK# 155	Void		
1/13/03	ID# CK# 156	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Advertisement	46.06
1/13/03	ID# CK# 156	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Advertisement	77.35
1/13/03	ID# CK# 156	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Advertisement	39.36
1/13/03	ID# CK# 156	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Advertisement	12.00
1/13/03	ID# CK# 156	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Office supplies Total check #156: \$206.84	32.07
1/13/03	ID# CK# 157	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Mileage	163.73
SUB-TOTAL				\$ 370.57
TOTAL (if last page of this schedule)				\$ 2,228.23

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)



STATEMENT

2003

Clinton Printing Co.

Phone 563-242-7895
14th Avenue North and Roosevelt – P.O. Box 64
Clinton, Iowa 52732

Jerome Barker

[illegible]

1402 Roosevelt St.
P.O. Box 64
CLINTON, IA 52733-0064

DATE _____

563-242-7895

IA ETHICS & CAMPAIGN
DISCLOSURE BOARD
DEC 29 2003
FILED

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	60-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DUE
17 x 22 Desk Calendars Still Available					\$99.51

FILED
 DEC 29 2003
 TARRANT COUNTY CAMPAIGN
 DISCLOSURE BOARD

Aug 9	Bellum Roads	60 m/d	20
11	Clinton		20
13	Clinton		20
16	Magawick		60
18	Spagnum		20
19	Bellum Roads		60
20	Clinton		20
23	Clinton		50
25	Purton		25
28			57
29	Magawick		60
31	Clinton		20
Sept 1	Bellum		60
2	Anderson		25
3	Goodlake		24
4	Clinton		20
5	Willis RFE		120
6	Clinton		26
7	Clinton		20
8	Willis		18
13	Sabala		45
14	Purton		18
			212

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

BURKEN FOR STATE SENATE

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
---------------------------------------	----------------------------------

☒ CHECK THIS BOX
IF AMENDING
FORM

An "Incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

[illegible]

*If 'al figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Revised Form

FORM DR-2 (Rev. 01/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1398
Indexed	KH e
Audited	
Computer	

COMMITTEE NAME (Must be same as on Statement of Organization) Burken for State Senate	
IMPORTANT: Indicate type of committee you are reporting for: <input type="checkbox"/> 1	
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support Slate of Candidates	
CANDIDATE COMMITTEES ONLY:	
Candidate Name Jerome F. Burken	Political Party Republican
Office Sought State Senator	District (if Senate or House) 13

JAN 15 2003

pm 1-13
1/13/03

Myron M. Newman
SIGNATURE OF TREASURER (or person filing this report)

563-242-6604
TELEPHONE

1/13/03
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A January 19, 2003 REPORT FOR AN/A (1) **ELECTION** /(2) **NON-ELECTION YEAR**.
(report date) Indicate one ☐ 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	1,509.23
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	719.00
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ 719.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	2,228.23
Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ 0.00
<hr/>	
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 9,642.16
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0.00
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0.00

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Burken for State Senate

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/31/02	ID# CK#	Brian L. Schmidt 1499 235th Ave. Delmar, IA 52037	None	\$ 50.00	<input type="checkbox"/>
10/31/02	ID# CK#	Victor Burken 4298 Highway 136 Clinton, IA 52732	Father	100.00	<input type="checkbox"/>
10/31/02	ID# CK#	James P. Cahill P.O. Box 99 Preston, IA 52069	None	249.00	<input type="checkbox"/>
11/11/02	ID# CK#	Thomas J. Berthel 701 Tama St. Bldg B P.O. Box 609 Marion, IA 52302	None	250.00	<input type="checkbox"/>
11/6/02	ID# CK#	David A. Rose 4426 Bellevue Rd. Clinton, IA 52732	None	70.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 719.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Burken for State Senate

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/12/02	ID# CK# 152	Clinton Printing Co. Inc. 1402 Roosevelt St. P.O. Box 64 Clinton, IA 52732	Brochures, envelopes, labels, postcards, mailings, postage	\$ 1,541.55
1/13/03	ID# CK# 153	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement Postage	74.00
1/13/03	ID# CK# 153	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Office supplies	9.58
1/13/03	ID# CK# 153	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Office supplies	13.04
1/13/03	ID# CK# 153	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Fundraiser food	14.25
1/13/03	ID# CK# 153	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Advertisement	40.50
1/13/03	ID# CK# 153	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Envelopes	4.24
1/13/03	ID# CK# 153	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: T-shirts Total check #153: \$316.11	160.50
SUB-TOTAL				\$ 1,857.66
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Burken for State Senate

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/13/03	ID# CK# 154	Void		\$
1/13/03	ID# CK# 155	Void		
1/13/03	ID# CK# 156	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Advertisement	46.06
1/13/03	ID# CK# 156	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Advertisement	77.35
1/13/03	ID# CK# 156	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Advertisement	39.36
1/13/03	ID# CK# 156	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Advertisement	12.00
1/13/03	ID# CK# 156	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Office supplies Total check #156: \$206.84	32.07
1/13/03	ID# CK# 157	Jerome Burken 3753 220th St. Clinton, IA 52732	Reimbursement: Mileage	163.73
SUB-TOTAL				\$ 370.57
TOTAL (if last page of this schedule)				\$ 2,228.23

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Burken for State Senate

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
	None -- all campaign bills paid in full.		\$
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Burken for State Senate



SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/30/02	Republican Party of Iowa 621 E. 9th St. Des Moines, IA 50309	None	Radio Buy	\$ 554.96	<input type="checkbox"/>
10/31/02	Clinton County Republican Woman's Club 1315 N. 3rd St. Clinton, IA 52732	None	Newspaper ad	112.00	<input type="checkbox"/>
10/31/02	Republican Party of Iowa 621 E. 9th St. Des Moines, IA 50309	None	Radio Buy	150.00	<input type="checkbox"/>
11/05/02	Republican Party of Iowa 621 E. 9th St. Des Moines, IA 50309	None	Printing	2,048.50	<input type="checkbox"/>
11/05/02	Republican Party of Iowa 621 E. 9th Des Moines, IA 50309	None	Printing	1,625.50	<input type="checkbox"/>
11/01/02	Republican Party of Iowa 621 E. 9th Des Moines, IA 50309	None	Printing	116.00	<input type="checkbox"/>
11/05/02	Republican Party of Iowa 621 E. 9th Des Moines, IA 50309	None	Postage	1,341.24	<input type="checkbox"/>
11/07/02	Republican Party of Iowa 621 E. 9th Des Moines, IA 50309	None	Processing	1,189.52	<input type="checkbox"/>
11/07/02	Republican Party of Iowa 621 E. 9th Des Moines, IA 50309	None	Processing	1,566.40	<input type="checkbox"/>
11/07/02	Republican Party of Iowa 621 E. 9th Des Moines, IA 50309	None	Printing	724.62	<input type="checkbox"/>

SUB-TOTAL \$ 9,228.74

TOTAL (if last
page of this
schedule)

\$

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Burken for State Senate



SCHEDULE
E
(Rev. 06/97)

IN KIND
CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
12/26/02	Republican Party of Iowa 621 E. 9th Des Moines, IA 50309	None	Printing	\$ 413.42	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$ 413.42

TOTAL (if last
page of this
schedule)

\$ 9,642.16

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2
(for Schedule E)